

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: VI
APPLICATION YEAR: 2010

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FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: VI

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 453,664 (30%)

B.Children with special health care needs:

\$ 604,885 (40%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 151,221 (10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 1,512,213

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 0

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 1,388,966

5. OTHER FUNDS (Item 15e of SF 424)

\$ 140,000

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 1,169,459

\$ 1,528,966

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 3,041,179

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 0

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

\$ 0

\$ 0

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 0

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 3,041,179

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: VI

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,641,229	\$ 1,641,229	\$ 1,599,698	\$ 1,533,219	\$ 1,599,698	\$ 1,533,492
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,245,435	\$ 1,245,435	\$ 1,147,660	\$ 1,043,269	\$ 1,199,774	\$ 1,229,699
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 118,361	\$ 118,361	\$ 108,000	\$ 108,000	\$ 125,000	\$ 119,700
7. Subtotal <i>(Line8, Form 2)</i>	\$ 3,005,025	\$ 3,005,025	\$ 2,855,358	\$ 2,684,488	\$ 2,924,472	\$ 2,882,891
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 311,748	\$ 0	\$ 200,000	\$ 200,000	\$ 0	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 3,316,773	\$ 3,005,025	\$ 3,055,358	\$ 2,884,488	\$ 2,924,472	\$ 2,882,891
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: VI

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 1,599,698	\$ 1,390,686	\$ 1,533,492		\$ 1,512,213	
2. Unobligated Balance (Line2, Form 2)	\$ 0	\$ 0	\$ 0		\$ 0	
3. State Funds (Line3, Form 2)	\$ 1,292,937	\$ 1,381,173	\$ 1,372,138		\$ 0	
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0		\$ 1,388,966	
5. Other Funds (Line5, Form 2)	\$ 0	\$ 140,000	\$ 0		\$ 140,000	
6. Program Income (Line6, Form 2)	\$ 140,000	\$ 0	\$ 150,000		\$ 0	
7. Subtotal (Line8, Form 2)	\$ 3,032,635	\$ 2,911,859	\$ 3,055,630	\$ 0	\$ 3,041,179	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 0	\$ 0	\$ 0		\$ 0	
9. Total (Line11, Form 2)	\$ 3,032,635	\$ 2,911,859	\$ 3,055,630	\$ 0	\$ 3,041,179	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2008
Field Note:
This total reflects actual amount of federal allocation on NGA for FY 2008.
2. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2008
Field Note:
This total reflects amount budgeted from local Health Revolving Fund.
3. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2008
Field Note:
Program income is not returned to the Title V program. It is not included in the amounts expended for services for CSHCN.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: VI

	FY 2005		FY 2006		FY 2007	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 450,753	\$ 450,753	\$ 479,909	\$ 479,909	\$ 479,909	\$ 460,048
b. Infants < 1 year old	\$ 450,754	\$ 450,754	\$ 479,909	\$ 479,909	\$ 479,909	\$ 460,048
c. Children 1 to 22 years old	\$ 901,508	\$ 901,508	\$ 805,002	\$ 728,110	\$ 836,103	\$ 820,288
d. Children with Special Healthcare Needs	\$ 901,508	\$ 901,508	\$ 805,002	\$ 728,111	\$ 836,104	\$ 854,218
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 300,502	\$ 300,502	\$ 285,536	\$ 268,449	\$ 292,447	\$ 288,289
g. SUBTOTAL	\$ 3,005,025	\$ 3,005,025	\$ 2,855,358	\$ 2,684,488	\$ 2,924,472	\$ 2,882,891

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 100,000		\$ 100,000		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 111,748		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
III. SUBTOTAL	\$ 311,748		\$ 200,000		\$ 0	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: VI

	FY 2008		FY 2009		FY 2010	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 479,909	\$ 479,909	\$ 460,048	\$	\$ 456,177	\$
b. Infants < 1 year old	\$ 479,909	\$ 479,909	\$ 460,048	\$	\$ 456,177	\$
c. Children 1 to 22 years old	\$ 884,776	\$ 814,000	\$ 914,985	\$	\$ 912,353	\$
d. Children with Special Healthcare Needs	\$ 884,777	\$ 834,777	\$ 914,986	\$	\$ 912,354	\$
e. Others	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
f. Administration	\$ 303,264	\$ 303,264	\$ 305,563	\$	\$ 304,118	\$
g. SUBTOTAL	\$ 3,032,635	\$ 2,911,859	\$ 3,055,630	\$ 0	\$ 3,041,179	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 0	\$ 0	\$ 0
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 0	\$ 0	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 0	\$ 0	\$ 0
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
III. SUBTOTAL	\$ 0	\$ 0	\$ 0

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

None

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: VI

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,765,025	\$ 2,765,025	\$ 2,630,358	\$ 2,486,988	\$ 2,689,472	\$ 2,647,891
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 125,000	\$ 125,000	\$ 100,000	\$ 100,000	\$ 139,500	\$ 139,500
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 90,000	\$ 90,000	\$ 100,000	\$ 72,500	\$ 70,500	\$ 70,500
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 3,005,025	\$ 3,005,025	\$ 2,855,358	\$ 2,684,488	\$ 2,924,472	\$ 2,882,891

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: VI

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,807,635	\$ 2,635,469	\$ 2,805,630	\$	\$ 2,711,179	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 45,000	\$ 0	\$ 50,000	\$	\$ 50,000	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 100,000	\$ 196,390	\$ 100,000	\$	\$ 180,000	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 80,000	\$ 80,000	\$ 100,000	\$	\$ 100,000	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 3,032,635	\$ 2,911,859	\$ 3,055,630	\$ 0	\$ 3,041,179	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main

Field Name: EnablingExpended

Row Name: Enabling Services

Column Name: Expended

Year: 2008

Field Note:

Funds were not available as budgeted to be expended in this category. The Title V Program coordinated with partner agencies for provision of these services, i.e. VI Perinatal Inc., for transportation, translation and outreach services; Community Foundation of the VI for family support services; University of the Virgin Islands and private providers for health education in their respective fields, including podiatry and nutrition.

2. **Section Number:** Form5_Main

Field Name: PopBasedExpended

Row Name: Population-Based Services

Column Name: Expended

Year: 2008

Field Note:

The Title V Program continued to absorb the total cost of newborn genetic/metabolic screening. A change in screening laboratory was made in October 2007 which increased costs. The program has also absorbed the costs for vaccines for insured children who are not eligible to receive them from the VI Immunization Program or whose insurance does not cover the cost of vaccines.

The program continues to cover all costs for newborn hearing screening and follow-up.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: VI

Total Births by Occurrence: 1,844

Reporting Year: 2008

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	1,743	94.5	1	0	0	
Congenital Hypothyroidism	1,743	94.5	93	2	2	100
Galactosemia	1,743	94.5	7	0	0	
Sickle Cell Disease	1,743	94.5	6	4	4	100
Other Screening (Specify)						
Cystic Fibrosis	1,743	94.5	3	0	0	
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	1,743	94.5	2	1	1	100
Glucose 6 Phosphate Dehydrogenase	1,743	94.5	90	89	73	82

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2010
Field Note:
Expanded screening for 48 disorders using Mass Spectrometry is currently the method used by Perkin Elmer Genetics Screening Laboratory. All initial positive results are confirmed by DNA testing.
2. **Section Number:** Form6_Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2010
Field Note:
Expanded screening for 48 disorders using Mass Spectrometry is currently the method used by Perkin Elmer Genetics Screening Laboratory. All initial positive results are confirmed by DNA testing.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: VI

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	716	35.0	0.0	12.5	52.5	0.0
Infants < 1 year old	1,844	32.0	0.0	13.0	55.0	0.0
Children 1 to 22 years old	4,155	30.0	0.0	15.0	55.0	0.0
Children with Special Healthcare Needs	1,530	38.0	0.0	5.0	57.0	0.0
Others	762	40.0	0.0	3.0	57.0	0.0
TOTAL	9,007					

FORM NOTES FOR FORM 7

All data on this form obtained from MCH Clinics in both districts.
St. Thomas East End Medical Center Corporation (STEEMCC) contributed their prenatal clinic utilization data.

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: VI

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,844	147	491	0	40	0	0	1,166
Title V Served	716	13	617	0	0	0	2	84
Eligible for Title XIX	379	0	336	0	0	0	0	43
INFANTS								
Total Infants in State	1,844	147	491	0	40	0	0	1,166
Title V Served	1,844	147	491	0	40	0	0	1,166
Eligible for Title XIX	1,014	0	1,014	0	0	0	0	0

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,438	332	332	0	0	0	0	332
Title V Served	535	181	181	0	0	0	0	181
Eligible for Title XIX	535	181	181	0	0	0	0	181
INFANTS								
Total Infants in State	1,438	332	332	0	0	0	0	332
Title V Served	1,438	332	332	0	0	0	0	332
Eligible for Title XIX	535	181	181	0	0	0	0	181

FORM NOTES FOR FORM 8

Total deliveries and infants data for CY 2008 obtained from DOH Office for Vital Records & Statistics. This is partial data and reflects approximately 33% of records evaluated and edited.

Title XIX data is obtained solely from prenatal and MCH Clinics utilization from clients reporting source of income or insurance coverage at registration.

Title XIX (MAP) data is based on paid claims only and is not collected or reported in the method or format required for this indicator.

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: VI

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	(866)248-4004	(866) 248-4004	(866)248-4004	(866) 248-4004	(340)773-4951
2. State MCH Toll-Free "Hotline" Name	MCH & CSHCN Information Desk	MCH & CSHCN Information Desk	MCH & CSHCN Information Desk	MCH & CSHCN Information Desk	MCH & CSHCN Information Desk
3. Name of Contact Person for State MCH "Hotline"	Marlene Ostalaza	Marlene Ostalaza	Marlene Ostalaza	Marlene Ostalaza	Juliette Canegata
4. Contact Person's Telephone Number	(340) 776-3580	(340) 776-3580	(340) 776-3580	(340)776-3580	(340) 773-4951
5. Contact Person's Email	marlene.ostalaza@usvi-d				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	30	100	150

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: VI

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main
Field Name: calls_2
Row Name: Number of calls received On the State MCH Hotline This reporting period
Column Name: FY
Year: 2008
Field Note:
A decrease in calls to the toll free number was noted. There is a concurrent increase in inquiries via email.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: VI

1. State MCH Administration:
(max 2500 characters)

The Department of Health (DOH) functions as both the state regulatory agency and the territorial public health agency for the U. S. Virgin Islands. As set forth by the Virgin Islands Code (V.I.C.), Titles 3 and 19, the Department of Health has direct responsibility for conducting programs of preventive medicine, including special programs in Maternal Child Health, Family Planning, Environmental Sanitation, Mental Health and Drug and Substance Abuse Prevention. The Virgin Islands Department of Health is designated as the agency in the Virgins Islands for administering the Maternal Child Health and Children with Special Health Care Needs Program (MCH & CSHCN) pursuant to V.I.C. Title 19, Chapter 7, Section 151. The MCH & CSHCN Program is a unit within the Department of Health, which is one of 14 government departments. The Department of Health is headed by the Commissioner of Health. Due to Executive level changes, the Department is under the guise of an Acting Commissioner of Health. The MCH & CSHCN Program reports directly to the Deputy Commissioner for Public Health Services. The Title V MCH & CSHCN Program is administered as one integrated program within the Department of Health and operates as a single organizational unit, serving as both the local and state agency. This single State agency is authorized to administer Title V funds and is responsible for both MCH & CSHCN services. The Administrative Unit is composed of the Territorial Director of MCH & CSHCN, the Territorial Assistant Director, Program Administrator- St. Croix who has responsibility for clinic services management, Territorial Financial Manager- St. Thomas who has responsibility for all fiscal, budgetary and financial management, and Office Manager- St. Thomas. MCH Administration fosters partnerships throughout the community and provides leadership on various agency boards including VI Perinatal, Inc, VI Alliance for Primary Care and the Interagency Coordinating Council for the Infants and Toddlers Program that address maternal and child health issues.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 1,512,213
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 0
5. Local MCH Funds (Line 4, Form 2)	\$ 1,388,966
6. Other Funds (Line 5, Form 2)	\$ 140,000
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 3,041,179

9. Most significant providers receiving MCH funds:

Clinical specialty/sub-specialty consultants.
Perkin Elmer Genetic Screening Laboratory
Physiological/diagnostic testing-ECHO, EKG/EEG
Diagnostic laboratory studies, radiology, imaging

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	716
b. Infants < 1 year old	1,844
c. Children 1 to 22 years old	4,155
d. CSHCN	1,530
e. Others	762

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Direct health care services are defined as basic health services. The program provides health care services for mothers, infants, children, youth and adolescents and their families. The program also provides and coordinates a system of preventive and primary health care services for this population. These services include prenatal and high-risk prenatal care clinics, postpartum care, well child care, high risk infant and pediatric clinics, care coordination and access to pediatric sub-specialty care for children and adolescents with special health care needs. The program assures access to preventive and primary health services for infants, young children and adolescents, including allied health and other health related services. For children, ages 0-21, with disabilities and chronic conditions, the program provides preventative and primary care, therapeutic and rehabilitative services. Specialty clinics provide pediatric specialty services that are generally unavailable or inaccessible to low-income, uninsured or underinsured families. Specialty services are offered to all children in the territory regardless of ability or inability to pay. Translation services at clinics are available through bilingual staff for Spanish speaking clients and as well as clients with French dialects from the eastern Caribbean islands. Recruitment efforts are still underway to employ 2 bilingual interpreters (French Creole and Spanish) per island on a part-time basis. Nutrition services are offered by Women, Infant and Children's Program (WIC), and the Community Health Nutrition Program. Coordinated parent/family involvement and support is also provided through the Department of Human Services. Services offered through community partners Lutheran Social Services, the Women's Coalition and Pinnacle Services include: Teen Suicide Support line for assisting adolescents, adult parenting skills classes for both English and Spanish speaking clients, and teen parenting skills classes. Case management is provided directly to children with special health care needs and their families in order to assist and increase access to coordinated and appropriate care.

b. Population-Based Services:
(max 2500 characters)

Population-based services are defined as services that are intended for and available to the entire population, rather than for a select group of individuals. In order to effectuate this goal, the program partners with various providers, agencies and organizations to have a greater impact in the community. Collaborations with Human Services, Justice, Education and the Police Departments enhance the outreach effectiveness of the program and offer leverage to access a larger segment of the maternal and child population. Disease prevention, health promotion and health education are some of the categories addressed through these partnerships. The MCH & CSHCN Program offers three population-based preventive services: immunization services; newborn genetic/metabolic screening; and newborn hearing screening. In collaboration with the VI Immunization Program, vaccines (Vaccine for Children- VFC), assessments of immunization levels, monitoring of vaccine usage and evaluation of vaccine reactions are provided. Health education outreach is achieved in conjunction with the Health Education Program. Education is provided on an array of health care services through brochures, pamphlets, books and on site consultations. This information is disseminated to the public through various health fairs throughout the year in the Territory. Outreach services include site

visits to homes and schools for primary and preventative care and health education by staff nurses and through collaborative partnerships with various non-profit, private and government agencies. Programs available assist in social development, parenting skills, nutrition and injury prevention. The Departments of Education and Human Services in conjunction with the Community Foundation and supported by MCH & CSHCN Program, hosts Best Beginnings, an annual conference that offers educators, health care providers, parents and child care providers, guidance on evidence based methods of appropriate child care from social, physical and educational development, to primary and preventative care and epidemiology. To ensure better safety standards and compliance, the Office of Highway Safety, conducts site visits at schools to educate and assist parents with the proper use of infant and booster seats and to provide car seats to those that are in need.

c. Infrastructure Building Services:

(max 2500 characters)

Program activities are directed at assuring the availability of the infrastructure necessary to the delivery of services to the MCH population and to increase access to quality health care for families who lack sufficient financial resources to meet the costs of medical care. Access to staff development activities, training and technical assistance to assure continuous quality of care continues to be provided. Planning activities directed at addressing infrastructure and development of comprehensive continuous quality improvement plan to assist in building organizational and system capacities were initiated in FY'07. These activities have continued throughout FY'08 and '09 with the development and implementation of a strategic plan to improve coordination and integration of MCH services, assist MCH leadership and management in the development and implementation of a comprehensive CQI plan to ensure ongoing assessment, program planning, evaluation processes and practice, and improve ability to develop and conduct the 5-year needs assessment. The CQI team continues to meet quarterly providing overall assistance in development of the 2010 needs assessment and ensuring the continuity of quality care on a day to day basis. Technical Assistance from MCHB has been awarded for the initial phase of these activities. In the area of workforce development, a two year program- Leadership Education and Developmental Disabilities (LEADD) was started in September 2007. The program is presented by the Westchester Institute for Human Development and the School of Public Health, New York Medical College in partnership with the VI University Center for Excellence in Developmental Disabilities (VICEDD) at the University of the Virgin Islands (UVI); and funded by a grant from MCHB.

12. The primary Title V Program contact person:

Name	C. Patricia Penn
Title	Director
Address	1303 Hospital Ground, Ste. 10
City	St. Thomas
State	VI
Zip	00802-6722
Phone	(340)776-3580 ext 2706
Fax	(340)774-8633
Email	patricia.penn@usvi-doh.org
Web	

13. The children with special health care needs (CSHCN) contact person:

Name	C. Patricia Penn
Title	Director
Address	1303 Hospital Ground, Ste. 10
City	St. Thomas
State	VI
Zip	00802-6722
Phone	(340)776-3580 ext 2706
Fax	(340)774-8633
Email	patricia.penn@usvi-doh.org
Web	

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: VI

Form Level Notes for Form 11

Numerator reflects data obtained from HealthPro that shows that 33.5% reported having MAP (public insurance) at time of clinic visits and 18.5% reported having private insurance.

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	99	99	100	100	95
Annual Indicator	96.9	100.0	100.0	86.7	40.3
Numerator	1,619	27	25	130	81
Denominator	1,670	27	25	150	201
Data Source					NBS Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2008

Field Note:

Denominators for 2005/2006 reflect initial positives for limited screening: TSH, PKU, MSUD, Homocystinuria, Hemoglobinopathies, Galactosemia, and G6PD.

Denominators for 2007/2008 reflect initial positives for expanded screening - total 48 disorders.

Numerators for 2005-2008 reflect rescreening, final diagnosis, counseling and enrollment in appropriate treatment for identified disorder.

All data obtained from the Newborn Screening Database.

2. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2007

Field Note:

Denominator reflects number of children initially screened positive for sickle cell disease, hypothyroidism and G6PD. While there were initial positives in other categories, e.g. biotinidase, galactosemia, cystic fibrosis and PKU, follow-up testing was normal and further medical management was not needed or recommended.

Numerator reflects number of children re-screened with confirmatory diagnosis made.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>30</u>	<u>30</u>	<u>50</u>	<u>30</u>	<u>30</u>
Annual Indicator	<u>24.9</u>	<u>49.0</u>	<u>22.5</u>	<u>20.0</u>	<u>12.2</u>
Numerator	<u>320</u>	<u>563</u>	<u>235</u>	<u>250</u>	<u>187</u>
Denominator	<u>1,284</u>	<u>1,149</u>	<u>1,044</u>	<u>1,248</u>	<u>1,530</u>
Data Source					HealthPro/MCH
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>40</u>	<u>40</u>	<u>40</u>	<u>40</u>	<u>45</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

VI is participating in National CHSCN Survey this year. Data for this measure obtained from MCH nursing staff in St. Thomas-St. John District.

Denominator obtained from Health Pro database.

2. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator reported in 2007 is obtained from clinic data from St. Thomas only.

3. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

The numerator reported in 2006 is obtained from clinic data for St. Thomas only.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	20	20	55	50	50
Annual Indicator	24.9	50.6	43.5	38.1	54.6
Numerator	320	581	454	475	835
Denominator	1,284	1,149	1,044	1,248	1,530

Data Source

HealthPro/MCH

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	55	60	60	60	60

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

More than half of all CSHCN with high complexity diagnoses receive care coordination services at MCH clinics in both districts.

These services meet the American Academy of Pediatrics defines the medical home as "a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care.

Denominator obtained from HealthPro database.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

The numerator reported in 2007 is obtained from clinic data from St. Thomas only.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The numerator reported in 2006 is obtained from clinic data from St. Thomas only.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			30	35	35
Annual Indicator	24.9	27.0	43.5	25.0	52.0
Numerator	320	310	454	312	795
Denominator	1,284	1,149	1,044	1,248	1,530
Data Source					HealthPro
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	35	35	40	40	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator obtained from MCH clinics in both districts reflects families reporting a source of insurance other than Medicaid.

2. Section Number: Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	30	30	50	30	30
Annual Indicator	24.9	50.0	19.4	14.8	0.0
Numerator	320	574	203	185	0
Denominator	1,284	1,149	1,044	1,248	1,530
Data Source					MCH Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	35	35	40	40	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2008
Field Note:
 Information for this measure was not collected.
- Section Number:** Form11_Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2007
Field Note:
 Numerator reflects # of referrals to community based services in both districts include after-school programs, family support and advocacy programs.
- Section Number:** Form11_Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2006
Field Note:
 The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.
 Referrals to community based services in both districts include after-school programs, family support and advocacy programs.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			30	30	35
Annual Indicator	24.9	20.5	2.6	1.2	0.7
Numerator	320	235	27	15	11
Denominator	1,284	1,149	1,044	1,248	1,530
Data Source					MCH Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	20	20	20	25	25
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator reflects data provided by MCH Nursing in St. Thomas-St. John District.

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator reflects the # of youth who transitioned to adult health care services in St. Thomas-St. John District.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	90	90	90	70	70
Annual Indicator	0.0	45.7	63.0	80.0	31.2
Numerator	0	467	382	943	215
Denominator	5,088	1,023	606	1,179	690
Data Source					MCH Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	70	75	75	75	75
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data remains unavailable from VI Immunization Program. The National Immunization Survey is currently being conducted this fiscal year.

Denominator obtained from children in this age group receiving any service at MCH clinics in the St. Thomas-St. John District.

Numerator reflects number of children in this age group with complete immunizations at MCH clinic in the St. Thomas-St. John District.

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data reported for this measure was provided by the MCH clinic in the St. Croix district only which is collected manually. This does not reflect territorial data. Denominator is the total # of children in this age category who received any immunizations. Numerator is the number who meet the requirements of this measure.

The VI Immunization Program does not have a database system in place to provide territorial information for this measure

3. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

The VI Immunization Program remains unable to provide data for this measure. The denominator reflects children in this age category who access services at the MCH & CSHCN Program on both islands and received all immunizations during these visits.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	20	20	15	15	15
Annual Indicator	23.4	22.0	16.4	16.4	5.2
Numerator	71	67	60	60	19
Denominator	3,039	3,039	3,667	3,667	3,667

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	30	30	35	35	20
Annual Indicator	0.0	0.0	1.4	1.1	8.5
Numerator	0	0	126	87	606
Denominator	9,144	9,016	9,016	7,866	7,130

Data Source

Dental Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	10	15	15	15	20

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for this denominator obtained from the 2006 VI Community Survey by the Eastern Caribbean Center - University of the Virgin Islands.

Numerator obtained from the DOH Division of Dental Services for the St. Thomas-St. John District.

- 2.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator reflects number of children in this age category who received sealants through the DOH Division of Dental Health.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	3	3	3	2	2
Annual Indicator	0.0	0.0	0.0	11.6	4.4
Numerator	0	0	0	3	1
Denominator	27,564	25,996	25,996	25,805	22,697

Data Source

OHS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	2	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

Data provided by the Office for Highway Safety, VI Department of Public Safety. Numerator reflects territorial data.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			50	50	45
Annual Indicator		49.5	45.5	43.8	30.3
Numerator		830	800	775	558
Denominator		1,676	1,760	1,771	1,844
Data Source					WIC/PedNSS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	45	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	95	95	96	96	90
Annual Indicator	86.7	95.3	85.3	79.3	92.7
Numerator	1,449	1,607	1,501	1,405	1,709
Denominator	1,672	1,686	1,760	1,771	1,844

Data Source

NBS Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	90	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	15	15	15	15	10
Annual Indicator	0.0	19.0	22.4	8.8	12.0
Numerator	0	6,603	7,785	2,283	2,728
Denominator	36,058	34,817	34,817	25,805	22,697
Data Source					VICS/ HealthPro

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator obtained from 2006 VCommunity survey.

Numerator reflects number of children accessing services at MCH clinics in both districts.

The Medical Assistance Program is not required to collect or report this data to CMS.

2. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2007

Field Note:

Data is not available from the Medical Assistance Program. Estimates are based on number of children without insurance who receive services at MCH clinics.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			10	10	10
Annual Indicator		12.6		4.4	11.8
Numerator		277		186	276
Denominator		2,198		4,261	2,339
Data Source					WIC/PedNSS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2007
Field Note:
 Data not available from the WIC at the time of this report.
- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2006
Field Note:
 Data not available from WIC Program.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			1	1	1
Annual Indicator	1.3	1.5	1.8	1.8	0.4
Numerator	22	25	32	32	8
Denominator	1,672	1,686	1,751	1,771	1,844

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	5	5	2	2	2
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	8,821	8,821	8,821	8,751	8,534

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	2	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,672	1,676	1,513	1,771	1,844

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Yes

Yes

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

This measure does not apply to VI. There is a Level II Neonatal ICU. There are no facilities for high-risk deliveries and neonates.

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

This measure does not apply to VI. There is a Level II Neonatal ICU. There are no facilities for high-risk deliveries and neonates.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	65	65	65	65	65
Annual Indicator	63.3	64.2	66.2	62.6	23.1
Numerator	1,059	1,083	1,167	1,109	426
Denominator	1,672	1,686	1,763	1,771	1,844

Data Source

Vital Records

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	70	70	70	75	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data for calendar year 2008 from the Office of Vital Records and Statistics is incomplete, and only reflects 33% of the records for birth certificates which have been evaluated and edited as of reporting date.

Final data for this numerator is anticipated to be available by the end of October 2009.

- 2.
- Section Number:**
- Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator reflects data available for the first three quarters of CY 2007.

Denominator reflects number of live births admissions.

STATE PERFORMANCE MEASURE # 1

The percent of CSHCN clients who access family support services.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			50	50	55
Annual Indicator		50.0	43.5	30.0	6.5
Numerator		574	454	375	100
Denominator		1,149	1,044	1,248	1,530
Data Source					MCH Program
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	55	55	60	60	55
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reflects information from St. Thomas/ St. John district only.

2. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator reflects # of families using services such as VI FIND (Family Information Network on Disabilities).

STATE PERFORMANCE MEASURE # 2

Increase the percent of CSHCN families' participation in transition planning to at least 50%.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			25	35	40
Annual Indicator		20.5	2.6	1.2	8.9
Numerator		235	27	15	136
Denominator		1,149	1,044	1,248	1,530
Data Source					MCH Program
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	45	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2008

Field Note:

Data reflects information from the St. Thomas/ St. John district only.

STATE PERFORMANCE MEASURE # 3

The percent of CSHCN who receive coordinated, comprehensive care in a medical home.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			55	55	55
Annual Indicator		50.6	10.8	38.1	54.6
Numerator		581	113	475	835
Denominator		1,149	1,044	1,248	1,530
Data Source					MCH Program
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	60	65	65	65	65
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2008

Field Note:

Data for this measure was obtained from the VI DOH HealthPro database.

STATE PERFORMANCE MEASURE # 4

The percent of teen mothers who received parenting skills training.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			35	30	30
Annual Indicator		33.5	22.4	36.2	52.6
Numerator		68	41	55	120
Denominator		203	183	152	228
Data Source					Community based organizations
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	35	35	35	40	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

This information is based on the 2007 teenage birth rate vital records . The denominator is the actual number of births for the population aged 15-19 for 2007. 2008 data is incomplete.

Numerator is based on information provided by community-based organizations that provide parenting classes.

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator obtained from agencies providing parenting skills training such as Family Resource Center, Lutheran Social Services and Childworth.

Denominator reflects preliminary data obtained from DOH - Bureau of Health Statistics.

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

This Denominator reflects estimated number of teen births ages 15-19 years obtained from the Bureau of Health Statistics.

Numerator reflects the number of teen receiving parenting skills education in the St. Croix District only.

STATE PERFORMANCE MEASURE # 5

Percent of infants identified with hearing loss who are receiving appropriate intervention services by age 6 months.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			60	60	70
Annual Indicator					
Numerator		3	3	2	1
Denominator		22	70	217	126
Data Source					NHS Program
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	80	90	95	95	98
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #5

Field Name: SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data for the denominator is obtained from infants who did not pass initial hearing screening in the birth admission and were referred to the Audiologist for follow-up testing.

The numerator indicates the number identified with permanent hearing loss and referred to early intervention services.

- Section Number:** Form11_State Performance Measure #5

Field Name: SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for denominator obtained from infants identified during hospital with possible hearing and referred for audiological diagnostic evaluation. Numerator indicates number identified with hearing loss and referred to Early Intervention Services

STATE PERFORMANCE MEASURE # 6

Increase the rate of pregnant women who enroll in prenatal care in the first trimester.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			600	600	650
Annual Indicator		642.3	661.9	626.2	231.0
Numerator		1,083	1,167	1,109	426
Denominator		1,686	1,763	1,771	1,844
Data Source					Vital Statistics
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	650	700	700	700	750
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2008

Field Note:

The data for calendar year 2008 from the Office of Vital Records and Statistics is incomplete, and only reflects 33% of the records for birth certificates which have been evaluated and edited.

Final data for this numerator is anticipated to be available by the end of October 2009.

STATE PERFORMANCE MEASURE # 7

The rate per 10000 of hospitalizations due to asthma in children 0-14.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			5	5	5
Annual Indicator		5.7	5.0	2.0	2.9
Numerator		158	130	52	66
Denominator		27,671	25,996	25,805	22,697
Data Source					RLS & JFL Hospitals
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data from both island hospitals reflects in-patient admissions only. Average length of stay was 1.5 days.

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator reflects in-patient admissions to hospitals in both districts. Due to availability of pulse oximetry and stabilizing nebulizer/aerosol treatments in both MCH clinics, the number of children seen in emergency departments has dropped significantly.

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for numerator obtained from Gov. Juan F. Luis Hospital on St. Croix. Represents number of hospital admissions with average stay of 2-5 days.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: VI

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	6.7	6.5	6	6	5
Annual Indicator	4.8	5.3	4.5	5.1	
Numerator	8	9	8	9	
Denominator	1,672	1,686	1,763	1,772	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	5	5	5	5	

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	1	1	1	1	1
Annual Indicator	1.8	In,fin,ity	2.1	9.6	
Numerator	5.7	7.3	5.4	9.6	
Denominator	3.2	0	2.6	1	

Data Source

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1	1	1		
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	4.2	4	4	4	4
Annual Indicator	3.0	4.7	3.4	2.8	
Numerator	5	8	6	5	
Denominator	1,672	1,686	1,763	1,772	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	4	4	4	4	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	1.6	1.6	1.5	1.5	1
Annual Indicator	1.2	0.6	1.1	2.3	
Numerator	2	1	2	4	
Denominator	1,672	1,686	1,763	1,772	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1	1	1	1	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	8.8	8.8	7.5	7.5	7.5
Annual Indicator	6.5	10.5	10.1	6.8	
Numerator	11	18	18	12	
Denominator	1,691	1,708	1,787	1,772	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	7.5	7.5	7	7	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	25	25	25	25	25
Annual Indicator	21.8	21.8	26.9	15.5	
Numerator	6	6	7	4	
Denominator	27,564	27,564	25,996	25,805	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	25	20	20	20	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: VI

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

1

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 9

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: VI FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To increase certification and enrollment in family support programs and services.
2. To facilitate and encourage family participation in transition planning.
3. To increase linkage of children with special health care needs and community-based support services.
4. To promote community partnerships.
5. To promote and advocate for the medical home concept as a standard of care to private and non-private health care providers.
6. To provide continuous and on-going screening for CSHCN by expanding EPSDT screening standards.
7. Review Medicaid reimbursements for key elements of the medical home including screening and care coordination.
8. Improve access to prenatal care and reproductive health services. Assure early, appropriate and adequate prenatal care.
9. Improve access to primary and preventative health care services for all segments of the MCH population.
10. Assure adherence to good nutrition standards and promote healthy lifestyle choices.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: VI

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>1</u>	Genetic/metabolic disorders follow-up, treatment and counseling.	Provide training and education for staff, partners and parents.	Emory University (SERGG).
2.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Facilitate needs assessment process.	Provide training and facilitate focus groups process; provide training for needs assessment interviewers	People to People Enterprises
3.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Title V - EPSDT Coordination	Assure children served by Medicaid receive appropriate health screening, diagnosis and treatment services.	Puerto Rico Department of Health, Health Insurance Administration or as recommended by MCHB.
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: VI

SP # 1

PERFORMANCE MEASURE:

The percent of CSHCN clients who access family support services.

STATUS:

Active

GOAL

To increase by 50% the number of families with CSHCN who are referred to family support services.

DEFINITION

Family support services identify and assess families' needs and determine appropriate individual family service plans.

Numerator:

Number of CSHCN clients ages 0-18 years whose families access family support services.

Denominator:

Total number of CSHCN clients served.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

7.7 Patient and family education .
Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of live.

DATA SOURCES AND DATA ISSUES

VIDOH Health-Pro database system. MCH & CSHCN clinic records. Community Health Centers.

SIGNIFICANCE

Family service agencies and interagency coordinating councils have identified major challenges confronting families with CSHCN in accessing coordinated health and related services. Addressing these issues will lead to more efficient use of public funds and reduce family stress.

SP # 2

PERFORMANCE MEASURE:

Increase the percent of CSHCN families' participation in transition planning to at least 50%.

STATUS:

Active

GOAL

Assure the transition from pediatric to adult health care providers is planned, coordinated and facilitated.

DEFINITION

All youth with special health care needs will receive the services to make necessary transitions to all aspects of adult life, including health care, work and independence. Transition is an ongoing process throughout middle childhood and adolescence. Collaboration and coordination between CSHCN, families, health care, insurance, education, rehabilitation, and other appropriate agencies are needed to support and facilitate transition.

Numerator:

The number of CSHCN who participate in transition planning.

Denominator:

The total number of CSHCN age 12-18 years.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16.23 Service systems for children with special health care needs.

To assure the participation of CSHCN age 12-18 years and their families in agency based transition planning activities that promote independence and healthy lifestyle choices.

DATA SOURCES AND DATA ISSUES

VIDOH Health-Pro data system. MCH & CSHCN clinic records. Community Health Centers. Departments of Labor and Human Services.

SIGNIFICANCE

The transition of youth to adulthood has become a priority issue nationwide as evidenced by the President's "New Freedom Initiative: Delivering on the Promise". Supporting skill-building activities for youth with special health care needs provides them with opportunities to learn to act as decision-makers in their own health care.

SP # 3

PERFORMANCE MEASURE:

The percent of CSHCN who receive coordinated, comprehensive care in a medical home.

STATUS:

Active

GOAL

Expand efforts to link all children, youth and adolescents with special health care needs to a medical home.

DEFINITION

The American Academy of Pediatrics (AAP) states the medical care of children, youth and adolescents should be accessible, comprehensive and coordinated. Further, medical care should be continuous, family-centered, compassionate and culturally effective.

Numerator:

Number of CSHCN 0-18 years with a regular source of medical care.

Denominator:

Total number of CSHCN 0-18 years.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16.22 Medical homes for children with special health care needs.

DATA SOURCES AND DATA ISSUES

VIDOH Health-Pro data system. MCH & CSHCN Clinics. Community Health Clinics.

SIGNIFICANCE

The need for an ongoing source of health care for all children has been identified as a priority for child health policy reform at the national and local level.

SP # 4

PERFORMANCE MEASURE:

The percent of teen mothers who received parenting skills training.

STATUS:

Active

GOAL

To increase the percent of teen mothers obtaining parenting skills training.

DEFINITION

Parenting skills training classes enhance the knowledge of parents in early childhood development.

Numerator:

Number of teen mothers who received parenting skills training.

Denominator:

Total number of teen births.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

No specific objective.

DATA SOURCES AND DATA ISSUES

Department of Human Services, MCH & CSHCN Program, 330 Health Centers, Community Based Organizations

SIGNIFICANCE

Successful parenting skills training may reduce child abuse and neglect.

SP # 5

PERFORMANCE MEASURE:

Percent of infants identified with hearing loss who are receiving appropriate intervention services by age 6 months.

STATUS:

Active

GOAL

To reduce morbidity associated with significant hearing loss through early detection, identification and intervention. To facilitate developmentally appropriate language skills. To provide newborn hearing screening services to all infants in the territory and to implement a system that ensures early diagnosis of hearing loss.

DEFINITION

Significant permanent hearing loss or impairment is one of the most common birth abnormalities. When undetected this leads to speech, language, cognitive and developmental delays. Early intervention and access to habilitation results in improved outcomes.

Numerator:

The number of infants identified with hearing loss and enrolled in early intervention services by 6 months of age.

Denominator:

The number of infants referred for audiological diagnostic evaluation.

Units: Yes **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

28.11 Newborn hearing screening, evaluation and intervention.
The standard estimate of congenital hearing loss is 1 in 1,000 live births. Early appropriate intervention for hearing loss is a critical factor in providing habilitation during the first three years of life when the development of language is most intense.

DATA SOURCES AND DATA ISSUES

Integrated newborn metabolic / genetic / hearing screening database. Records of newborn hearing screening and referrals. Audiological assessments and diagnostic evaluation reports.

SIGNIFICANCE

The advantages of early detection of confirmed permanent hearing loss or impairments are indisputable. Children who are enrolled in early intervention services develop significantly better in language ability and social development. A family-centered approach provides support to families in developing the communication skills of their infant with hearing loss.

SP # 6

PERFORMANCE MEASURE:

Increase the rate of pregnant women who enroll in prenatal care in the first trimester.

STATUS:

Active

GOAL

Reduce barriers and increase access to early and adequate prenatal care that ensures healthy birth outcomes.

DEFINITION

Prenatal care is the provision of comprehensive reproductive health services to a pregnant woman. Early and adequate prenatal care can lead to a significant reduction in perinatal mortality and morbidity.

Numerator:

The number of births to women who enrolled in prenatal care in the first trimester.

Denominator:

The total number of births.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

16.6 The proportion of pregnant women who receive early and adequate prenatal care.

16.6a Care beginning in the first trimester of pregnancy.

16.6b Early and adequate prenatal care.

DATA SOURCES AND DATA ISSUES

Bureau of Health Statistics livebirth records. MCH & Community Health Prenatal Clinics.

SIGNIFICANCE

Access to early and adequate prenatal care results in improved birth outcomes if women begin receiving care early in pregnancy and continue to receive care throughout the pregnancy. Prenatal care provides an opportunity to identify risks and minimize or eliminate their impact on pregnancy outcomes through medical management so it does not negatively impact on the the birth and the process of birth. Prenatal visits also offer an opportunity for education and counseling on proper nutrition and risk factors, such as smoking and alcohol use during pregnancy.

SP # 7

PERFORMANCE MEASURE:

The rate per 10000 of hospitalizations due to asthma in children 0-14.

STATUS:

Active

GOAL

To reduce the number of hospitalizations due to asthma in children age 0-14.

DEFINITION

Asthma is a leading cause of childhood morbidity.

Numerator:

Number of hospitalizations for asthma among children 0-14 years.

Denominator:

Number of children in the population 0-14 years.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

11.1 Asthma hospitalizations

DATA SOURCES AND DATA ISSUES

Hospital admissions and discharge data.

SIGNIFICANCE

Asthma is one of the most common chronic conditions affecting children in the Virgin Islands. It causes a significant proportion of school absenteeism, emergency room visits and hospitalizations. Effective asthma management and prevention can prevent costly hospitalizations, and decrease school absenteeism.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: VI

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>59.8</u>	<u>214.4</u>	<u>151.9</u>	<u>65.5</u>	<u>68.9</u>
Numerator	<u>49</u>	<u>158</u>	<u>112</u>	<u>52</u>	<u>47</u>
Denominator	<u>8,188</u>	<u>7,371</u>	<u>7,371</u>	<u>7,937</u>	<u>6,823</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator obtained from 2006 VI Household Survey, UVI Eastern Caribbean Center.

Numerator obtained from both hospitals denoting in-patient admissions with an average length of stay of 2.5days.

2. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

Denominator obtained from 2005 VI Household Survey, UVI Eastern Caribbean Center.

Numerator obtained from both hospitals denoting in-patient admissions with an average length of stay of 2.6 days.

3. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

Hospital admission data available from Gov. Juan F. Luis Hospital on St. Croix only.

Data received from Roy L. Schneider Hospital on St. Thomas shows 71 ED visits and 40 admissions. Average length of stay was 2.7 days.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>12.4</u>	<u>13.9</u>	<u> </u>
Numerator	<u>0</u>	<u>0</u>	<u>218</u>	<u>247</u>	<u> </u>
Denominator	<u>1,670</u>	<u>1,676</u>	<u>1,760</u>	<u>1,772</u>	<u> </u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

2. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

3. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>1,670</u>	<u>1,676</u>	<u>1,760</u>	<u>1,772</u>	<u>1,842</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

The Child Health Insurance Program Plan, which has been approved by the Centers for Medicare and Medicaid (CMS), allows for payment of unpaid medical bills for Medicaid patients less than 19 years of age. This waiver was allowed by CMS as Congress did not approve enough CHIP monies for the territories that would have allowed them to have a regular Child Health Insurance Program.

Denominator obtained from the number of live birth admissions.

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

Data for this indicator is not available from the Bureau of Health Insurance and Medical Assistance.

The Medical Assistance Program received a waiver from CMS to use SCHIP funds to supplement acute care for children eligible for MAP.

This is due to the Medicaid cap in the territory which limits available Medicaid or SCHIP funds for eligible families.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>41.1</u>	<u>40.7</u>	<u>44.9</u>	<u>39.9</u>	<u>15.7</u>
Numerator	<u>687</u>	<u>686</u>	<u>787</u>	<u>706</u>	<u>290</u>
Denominator	<u>1,672</u>	<u>1,686</u>	<u>1,752</u>	<u>1,771</u>	<u>1,844</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

Field Note:

Data for CY 2008 obtained from DOH Office for Vital Records & Statistics. This is partial data and reflects approximately 33% of birth certificates evaluated and edited.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

Data obtained from Bureau of Health Statistics is incomplete and reflects the first three quarters of CY 2007.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2004	2005	Annual Indicator Data		
			2006	2007	2008
Annual Indicator	0.0	54.8	30.0	30.0	
Numerator	0	7,785	1,989	1,698	
Denominator	14,210	14,210	6,630	5,663	

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data not available or collected for this indicator by the Bureau of Health Insurance and Medical Assistance.
Estimates based on children seen in both districts with Medical Assistance coverage.

2. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data not available or collected for this indicator by the Bureau of Health Insurance and Medical Assistance.
Estimates based on children seen in both districts with Medical Assistance coverage.

3. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data not available or collected for this indicator by the Bureau of Health Insurance and Medical Assistance.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	NaN	3.9	7.5	24.7	26.9
Numerator	0	65	126	445	606
Denominator	0	1,681	1,674	1,798	2,251

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

Data obtained from Division of Dental Services St. Thomas-St. John District..

Denominator is actual # of children receiving services.

Numerator is # of children age 6-9 years who received any service, including school based screening.

The Medical Assistance Program does not collect age specific claims data.

2. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

Data obtained from Division of Dental Services St. Thomas-St. John District..

Denominator is actual # of children receiving services.

Numerator is # of children age 6-9 years who received any service.

The Medical Assistance Program does not collect age specific claims data.

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

Data obtained from Division of Dental Services, reflects services provided in both districts including school based screening (elementary level) on St. Croix.

Numerator is # of children age 6-9 years who received sealants. Data provided by Dental Services.

The Medical Assistance Program does not collect or report age specific claims data.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

		Annual Indicator Data				
	2004	2005	2006	2007	2008	
Annual Indicator	NaN					
Numerator	0					
Denominator	0					

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2008
Field Note:
This HSCI is not applicable to the Territory of the Virgin Islands.
- Section Number:** Form17_Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2007
Field Note:
This HSCI is not applicable to the Territory of the Virgin Islands.
- Section Number:** Form17_Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2006
Field Note:
Territory of the USVI residents are not eligible for SSI.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: VI

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2008	Other	<u>3.5</u>	<u>10</u>	<u>13.5</u>
b) <i>Infant deaths per 1,000 live births</i>	2008	Other	<u>2.2</u>	<u>4</u>	<u>6.2</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Other	<u>23</u>	<u>34</u>	<u>52</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Other	<u>10.6</u>	<u>35</u>	<u>45.6</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: VI

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>5</u> to <u>14</u>) (Age range <u>15</u> to <u>21</u>)	2008	<u>200</u> <u>200</u> <u>200</u>
c) <i>Pregnant Women</i>	2008	<u>200</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: VI

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>14</u>) (Age range <u>15</u> to <u>21</u>)	2008	<u>200</u> <u>200</u> <u>200</u>
c) <i>Pregnant Women</i>	2008	<u>200</u>

FORM NOTES FOR FORM 18

The other data sources include:

MCH Prenatal
St. Thomas East End Medical Center
Vital Records

The Medical Assistance Program is not required to report information in this format to CMS, therefore it is not collected.

The data for calendar year 2008 from the Office of Vital Records and Statistics is incomplete, and only reflects 33% of the records for birth certificates which have been evaluated and edited.

FIELD LEVEL NOTES

1. Section Number: Form18_Indicator 05

Field Name: LowBirthWeight

Row Name: Percent of low birth weight (<2,500 grams)

Column Name:

Year: 2010

Field Note:

The other data sources include:

MCH Prenatal
St. Thomas East End Medical Center
Vital Records

The Medical Assistance Program is not required to report information in this format to CMS, therefore it is not collected.

The data for calendar year 2008 from the Office of Vital Records and Statistics is incomplete, and only reflects 33% of the records for birth certificates which have been evaluated and edited.

2. Section Number: Form18_Indicator 05

Field Name: InfantDeath

Row Name: Infant deaths per 1,000 live births

Column Name:

Year: 2010

Field Note:

The other data sources include:

MCH Prenatal
St. Thomas East End Medical Center
Vital Records

The Medical Assistance Program is not required to report information in this format to CMS, therefore it is not collected.

The data for calendar year 2008 from the Office of Vital Records and Statistics is incomplete, and only reflects 33% of the records for birth certificates which have been evaluated and edited.

3. Section Number: Form18_Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name:

Year: 2010

Field Note:

The other data sources include:

MCH Prenatal
St. Thomas East End Medical Center
Vital Records

The Medical Assistance Program is not required to report information in this format to CMS, therefore it is not collected.

The data for calendar year 2008 from the Office of Vital Records and Statistics is incomplete, and only reflects 33% of the records for birth certificates which have been evaluated and edited.

4. Section Number: Form18_Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2010

Field Note:

The other data sources include:

MCH Prenatal
St. Thomas East End Medical Center
Vital Records

The Medical Assistance Program is not required to report information in this format to CMS, therefore it is not collected.

The data for calendar year 2008 from the Office of Vital Records and Statistics is incomplete, and only reflects 33% of the records for birth certificates which have been evaluated and edited.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: VI

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	1	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: VI

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	1	No
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09B

Field Name: YRBSS_09B

Row Name: Youth Risk Behavior Survey (YRBS)

Column Name:

Year: 2010

Field Note:

According to information received from VI Dept. of Education and VIDOH Division of Mental Health, the YRBSS was not performed in VI during 2007- 2008 and 2008-2009 school years.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: VI

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	11.4	10.7	10.2	11.6	3.4
Numerator	191	181	180	205	63
Denominator	1,672	1,686	1,763	1,771	1,844

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2008

Field Note:

Data obtained from DOH Vital Statistics. Information provided for numerator is provisional based on completion of compilation of certificates of live birth.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>10.5</u>	<u>9.4</u>	<u>9.4</u>	<u>10.6</u>	<u>2.4</u>
Numerator	<u>171</u>	<u>155</u>	<u>163</u>	<u>187</u>	<u>45</u>
Denominator	<u>1,623</u>	<u>1,642</u>	<u>1,740</u>	<u>1,771</u>	<u>1,844</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data obtained from DOH Vital Statistics. Information provided for numerator is provisional based on completion of compilation of certificates of live birth.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	1.9	2.0	1.6	1.4	0.4
Numerator	32	33	29	24	8
Denominator	1,672	1,686	1,763	1,771	1,844

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2008

Field Note:

Data obtained from DOH Vital Statistics. Information provided for numerator is provisional based on completion of compilation of certificates of live birth.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data				
	2004	2005	2006	2007	2008	
Annual Indicator	1.8	1.6	1.6	1.3	0.3	
Numerator	29	27	28	23	5	
Denominator	1,623	1,642	1,740	1,771	1,844	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Provisional	

Field Level Notes1. **Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data obtained from DOH Vital Statistics. Information provided for numerator is provisional based on completion of compilation of certificates of live birth.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>7.7</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>27,564</u>	<u>25,996</u>	<u>24,669</u>	<u>25,805</u>	<u>22,697</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)			<u>Yes</u>	<u>Yes</u>	<u> </u>
Is the Data Provisional or Final?				<u>Final</u>	<u>Provisional</u>

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Denominator obtained from USVI Community Survey 2006, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from VI DOH Vital Statistics.

2. Section Number: Form20_Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Denominator obtained from 2005 VI Household Survey, UVI Eastern Caribbean Center; Numerator obtained from DOH Bureau of Health Statistics.

3. Section Number: Form20_Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data reported by VI Office of Highway Safety - Traffic Safety Facts. 2006

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>7.7</u>	<u>0.0</u>	<u>11.6</u>	<u>4.4</u>
Numerator	<u>0</u>	<u>2</u>	<u>0</u>	<u>3</u>	<u>1</u>
Denominator	<u>27,564</u>	<u>25,996</u>	<u>24,669</u>	<u>25,805</u>	<u>22,697</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator obtained from USVI Community Survey 2006, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from VI Office of Highway Safety.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

Denominator obtained from 2005 Household Survey, UVI Eastern Caribbean Center.

Numerator obtained from VI-Office for Highway Safety, Traffic Safety Facts, 2007.

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

Data reported by VI Office of Highway Safety - Traffic Safety Facts

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	0.0	7.0	0.0	13.7	35.5
Numerator	0	1	0	2	5
Denominator	14,086	14,296	14,296	14,617	14,085

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator obtained from USVI Community Survey 2006, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from VI Office of Highway Safety.

2. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

Data obtained from VI-Office for Highway Safety, Traffic Safety Facts 2007.

Denominator obtained from 2005 VI Household Survey, UVI Eastern Caribbean Center.

3. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

Data provided by VI Office of Highway Safety- Traffic Safety Facts reports no deaths in this category.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	0.0	0.0	338.5	472.8	312.8
Numerator	0	0	88	122	71
Denominator	27,564	25,996	25,996	25,805	22,697

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator obtained from 2006 VICs, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from DOH EMS. Numbers represent St. Thomas-St. John District only.

2. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator obtained from VI-EMS and Office for Highway Safety, 2007 Pediatric Ambulance Calls / Traffic Safety Facts.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>36.3</u>	<u>19.2</u>	<u>338.5</u>	<u>441.8</u>	<u>61.7</u>
Numerator	<u>10</u>	<u>5</u>	<u>88</u>	<u>114</u>	<u>14</u>
Denominator	<u>27,564</u>	<u>25,996</u>	<u>25,996</u>	<u>25,805</u>	<u>22,697</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator obtained from 2006 VICCS, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from DOH EMS. Numbers represent St. Thomas-St. John District only.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator obtained from VI-EMS and Office for Highway Safety, 2007 Pediatric Ambulance Calls / Traffic Safety Facts.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Data obtained from VI Office of Highway Safety - Traffic Safety Facts

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>1,070.2</u>	<u>1,135.7</u>	<u>71.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>153</u>	<u>166</u>	<u>10</u>
Denominator	<u>14,086</u>	<u>14,296</u>	<u>14,296</u>	<u>14,617</u>	<u>14,084</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator obtained from 2006 VICCS, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from DOH EMS. Numbers represent St. Thomas-St. John District only.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator obtained from Office for Highway Safety, 2007 Traffic Safety Facts.

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

Data provided by VI Office of Highway Safety- Traffic Safety Facts

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	34.2	24.1	26.6	28.4	39.5
Numerator	125	115	127	148	182
Denominator	3,657	4,779	4,779	5,210	4,606

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

Data provided by VI Family Planning Program FY 2008.

Data provided from DOH STD/HIV/AIDS/TB Prevention Program for FY 2008. Inclusive of all testing sites in the territory.

2. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

Data provided from DOH STD/HIV/AIDS/TB Prevention Program for FY 2006.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>3.5</u>	<u>4.3</u>	<u>9.7</u>	<u>8.9</u>	<u>12.6</u>
Numerator	<u>81</u>	<u>83</u>	<u>188</u>	<u>152</u>	<u>236</u>
Denominator	<u>23,000</u>	<u>19,370</u>	<u>19,370</u>	<u>17,117</u>	<u>18,664</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

Data provided by VI Family Planning Program FY 2008.

Data provided from DOH STD/HIV/AIDS/TB Prevention Program for FY 2008. Inclusive of all testing sites in the territory.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

Denominator obtained from 2005 VI Household Survey, UVI Eastern Caribbean Center.

Numerator reflects territorial data reported by the DOH STD/TB/HIV/AIDS Program for CY 2007.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

Data obtained from DOH STD/HIV/AIDS/TB Prevention annual report for FY 2006.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	1,771	356	1,314	0	85	0	0	16
Children 1 through 4	6,823	255	5,362	0	0	0	0	1,206
Children 5 through 9	7,134	217	5,838	0	0	0	0	1,079
Children 10 through 14	8,744	205	7,409	0	0	0	0	1,130
Children 15 through 19	8,534	485	6,970	0	0	0	0	1,079
Children 20 through 24	5,550	102	4,857	0	0	0	0	591
Children 0 through 24	38,556	1,620	31,750	0	85	0	0	5,101

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	1,375	323	73
Children 1 through 4	5,206	1,618	0
Children 5 through 9	5,488	1,642	0
Children 10 through 14	6,973	897	0
Children 15 through 19	6,943	1,591	0
Children 20 through 24	4,422	1,128	0
Children 0 through 24	30,407	7,199	73

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	2	0	2	0	0	0	0	0
Women 15 through 17	60	16	44	0	0	0	0	0
Women 18 through 19	166	42	117	0	6	0	0	1
Women 20 through 34	1,293	252	963	0	63	0	0	15
Women 35 or older	250	46	188	0	16	0	0	0
Women of all ages	1,771	356	1,314	0	85	0	0	16

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	0	1	1
Women 15 through 17	43	15	2
Women 18 through 19	107	50	9
Women 20 through 34	1,013	226	54
Women 35 or older	212	31	7
Women of all ages	1,375	323	73

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	12	0	12	0	0	0	0	0
Children 1 through 4	2	0	2	0	0	0	0	0
Children 5 through 9	0	0	0	0	0	0	0	0
Children 10 through 14	2	0	2	0	0	0	0	0
Children 15 through 19	9	0	9	0	0	0	0	0
Children 20 through 24	16	4	12	0	0	0	0	0
Children 0 through 24	41	4	37	0	0	0	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	12	0	0
Children 1 through 4	2	0	0
Children 5 through 9	0	0	0
Children 10 through 14	2	0	0
Children 15 through 19	9	0	0
Children 20 through 24	15	1	0
Children 0 through 24	40	1	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	31,231	1,162	25,575	0	0	0	0	4,494	2006
Percent in household headed by single parent	46.7	1.2	38.7	0.0	0.0	0.0	0.0	6.8	2008
Percent in TANF (Grant) families	3.4	0.0	3.4	0.0	0.0	0.0	0.0	0.0	2008
Number enrolled in Medicaid	0	0	0	0	0	0	0	0	2008
Number enrolled in SCHIP	0	0	0	0	0	0	0	0	2008
Number living in foster home care	101	0	101	0	0	0	0	0	2006
Number enrolled in food stamp program	0	0	0	0	0	0	0	0	2008
Number enrolled in WIC	5,504	116	5,278	0	0	28	66	16	2007
Rate (per 100,000) of juvenile crime arrests	1,794.0	0.0	1,794.0	0.0	0.0	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	9.0	1.0	6.8	0.2	0.0	0.0	0.0	1.0	2007

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	21,088	6,648	3,495	2006
Percent in household headed by single parent	39.9	6.8	0.0	2008
Percent in TANF (Grant) families	3.4	0.0	0.0	2008
Number enrolled in Medicaid	0	0	0	2008
Number enrolled in SCHIP	0	0	0	2008
Number living in foster home care	0	0	0	2008
Number enrolled in food stamp program	0	0	0	2008
Number enrolled in WIC	4,293	1,200	16	2007
Rate (per 100,000) of juvenile crime arrests	1,794.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	99.0	1.0	0.0	2007

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	17,000
Living in rural areas	17,556
Living in frontier areas	0
Total - all children 0 through 19	34,556

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	113,689.0
Percent Below: 50% of poverty	17.2
100% of poverty	23.0
200% of poverty	48.0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	31,231.0
Percent Below: 50% of poverty	21.7
100% of poverty	29.5
200% of poverty	70.6

FORM NOTES FOR FORM 21

Population data for this indicator obtained from the 2006 VI Community Survey (VICS), from the Eastern Caribbean Center, University of the Virgin Islands.

Data for live births and deaths obtained for CY 2007 from DOH Office of Vital Records & Statistics.

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2010
Field Note:
Data obtained from DHS for CY 2008. Reported for January - June 2008.
2. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2010
Field Note:
Data obtained from DHS for CY 2008. Reported for January - June 2008.
3. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2010
Field Note:
Data on this HSI is not collected or reported by DOH Bureau of Health Insurance and Medical Assistance.

See discussion under related HSCI & HSI measures
4. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2010
Field Note:
Data on this HSI is not collected or reported by DOH Bureau of Health Insurance and Medical Assistance.

See discussion under related HSCI & HSI measures
5. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2010
Field Note:
Data not available from DHS.
6. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2010
Field Note:
Data source PedNSS - VI WIC Program for calendar year 2007.
7. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2010
Field Note:
Data resource VI Police Department, Office of Planning, Research & Development. Rate is based on 310 arrests in this age group for FY 2008. 38.7% of these were categorized as violent crimes.
8. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2010
Field Note:
Data on this HSI is not collected or reported by DOH Bureau of Health Insurance and Medical Assistance.

See discussion under related HSCI & HSI measures
9. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2010
Field Note:
Data on this HSI is not collected or reported by DOH Bureau of Health Insurance and Medical Assistance.

See discussion under related HSCI & HSI measures
10. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2010
Field Note:
Data not available from the Department of Human Services.

11. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2010
Field Note:
Data not available from the Department of Human Services.